

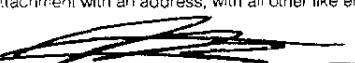


FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000052073		Secretary of State	
1. Entity Name COMFORT TECH AIR CONDITIONING, INC.			
Principal Place of Business 1215 W 76 ST HIALEAH, FL 33014 US		Mailing Address 1215 W 76 ST HIALEAH, FL 33014 US	
DO NOT WRITE IN THIS SPACE			
		01112005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0674054	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
HERNANDEZ, MAYKEL 1215 W 76 ST HIALEAH, FL 33014		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY, ST, ZIP		P HERNANDEZ, MAYKEL 1215 W 76 ST HIALEAH, FL 33014	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		V PAREDES, MONICA 12208 SW 129 CT MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		S ENRIQUEZ, LUIS I 12208 SW 129 CT MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY, ST, ZIP			
TITLE NAME STREET ADDRESS CITY, ST, ZIP			
TITLE NAME STREET ADDRESS CITY, ST, ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		305-969-1203	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	